MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 55/637

APPLICANT(S)

FILING DATE

CLAIMS

	AS F	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
3				\vdash			
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15 16							
17							
18							
19							
20						-	
21				1			
22	_	Ų.					
23							
24							
25							
26							
27							
28							
29 30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46						ļ	
47							
48 49	-						
50			_				
TOTAL		7,000	า				
IND.		◆	5	•		•	
TOTAL			12				
DEP.		7	15	7		_	
-			111				
TOTAL CLAIMS			141			1	